FEDERAL BUREAU OF INVESTIGATION CITIZEN'S ACADEMY APPLICATION

	NAME				
ATU OT	– Last	First		l Middle Name	
List any nicknames a	and/or maiden name:				
occurred and the circ	l any other surname or legally umstances. If you have ever l	egally changed y	our name,	please list the date,	
Date of Birth	Place of Birth				
Gender: Male	Female So	ocial Security Nu	mber		
	OINT OF CONTACT				
Home Phone:	Wor	k Phone:			
In the event of an em	ergency, please list the name	and phone number	er of a relat	ive or close associate:	
Name:	Pho.	Phone Number:			
EMPLOYMENT I	NFORMATION				
Current Employer:_		Title:			
Address:					
Street	City		Zip	Phone Number	
•	nination to participate in the FI mmit to attend to six of seven		on's Citizen	s' Academy. I	
to a limited backgro	in the FBI Denver Division ound investigation being con och and an arrest record ch	nducted concern	• /	O	
Print Name		Signature and Date			

Please mail your completed application to: FBI, 1961 Stout Street, Suite 1823, Denver, CO

80294, ATTN: Carolyn Nunez, Community Outreach Coordinator or SA Monique R. Kelso